



# APPLICATION FOR CERTIFICATION OF LAND SURVEYOR-IN-TRAINING

State Form 49328 (R / 11-02)

Approved by State Board of Accounts 2002

FOR OFFICE USE ONLY

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**DO NOT WRITE IN THIS SPACE (Incomplete applications will not be accepted.)**

Application number	Date received	Certification number	Date received
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This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of this board under I.C. 25-31. Disclosure of this information is mandatory. Incomplete applications are subject to denial by the board. Upon completion, this form will be treated as a public record. \* Your social security number is requested by this agency in accordance with I. C. 4-1-8.1, disclosure is mandatory; this record cannot be processed without it.

**SENIORS** enrolled in a four year land surveying curriculum shall complete sections 1,2,4 & 6 only. Other applicants shall complete sections 1 through 6.  
**INSTRUCTIONS:** Please type or print in ink. If necessary, attach extra sheets with each dated and signed. This application must be accompanied by a photo. Enclose an examination and enrollment fee of \$25.00 (Twenty five dollars), payable to Land Surveyor's Registration Board. Return application and all accompanying documents to:

Indiana Professional Licensing Agency  
Indiana Government Center South  
302 W. Washington Street, Room 034  
Indianapolis, IN 46204  
(317)-232-2980  
<http://www.in.gov/pla>

Designate preferred mailing address by placing an "x" in the appropriate box.

## 1 APPLICANT INFORMATION

Name of applicant (first, MI, last)	Have you ever had a name change? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Social Security number
Birth place	Birth date	
<input type="checkbox"/> Address (number and street)		
City, state, ZIP code	Home telephone number ( )	
Name of firm		
<input type="checkbox"/> Address (number and street)		
City, state, ZIP code	Business telephone number ( )	

## 2 COLLEGE INFORMATION (Attach certified copy of transcripts from each school attended.)

NAME OF INSTITUTION	ADDRESS OF INSTITUTION (City,State,ZIP code)	DATES ATTENDED		GRADUATION	
		From	To	Degree	Date

Reference forms are attached from 3 persons listed below. References should have personal knowledge of your experience and/or ability to qualify. Providing references with up-to-date personal information will enable objective, confidential evaluations by the board. DO NOT submit the name of an Indiana board member as a reference.

## 3 REFERENCES

NAME OF REFERENCE (Minimum of 3 Required)	REFERENCE LS NUMBER	ACQUAINTANCE, EMPLOYER, ASSOCIATE, ETC.	CURRENT ADDRESS (Number and Street, City,State, ZIP code)

## 4 PERSONAL BACKGROUND

Have you ever been denied certification or has a certificate ever been revoked/suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of: (A) an act which would constitute a ground for disciplinary sanction under I.C. 25-31 or (B) a felony that has a direct bearing on your ability to practice competently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for and or taken the SIT examination in Indiana or any other state? If yes, please attach a statement identifying dates, states and any other pertinent information. <input type="checkbox"/> Yes <input type="checkbox"/> No

(Continued on the reverse side)

**INSTRUCTIONS:** A photo must be attached to this application. List land surveying experience positions, beginning with the most recent. If necessary, attach extra sheets following the prescribed format. Please sign and date any extra sheets. For part-time employment, if less than 40 hours per week, list number of hours in space provided below.

5 EXPERIENCE				
Name of current employer	Job title		Period of employment From _____ To _____	
Address (number and street)	No. of years employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	No. of hours employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
City, state, ZIP code	Name of supervisor			
Duties				
Name of current employer	Job title		Period of employment From _____ To _____	
Address (number and street)	No. of years employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	No. of hours employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
City, state, ZIP code	Name of supervisor			
Duties				
Name of current employer	Job title		Period of employment From _____ To _____	
Address (number and street)	No. of years employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	No. of hours employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
City, state, ZIP code	Name of supervisor			
Duties				

6 NOTARY CERTIFICATE		
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;">           STATE OF _____             COUNTY OF _____             On _____ day of _____, 19____, I, _____, a resident of _____         </div> <div style="width: 5%; text-align: center;">           }              }         </div> <div style="width: 50%;">           SS:              certify that I have read the text of the Indiana Registration Act for Land Surveyors Registration as amended, covering the requirements to be met by an applicant, and Rules of the board, that the statements contained in this application are true and correct to the best of my knowledge and that if granted registration I will abide by the Indiana Registration Act and Rules of the board. I authorize those whom I have given as references, whether they may be an individual, a company, or an institution, to furnish the State Board information concerning my education, experience, character and suitability for practicing Land Surveying. I agree to release and hold harmless any individual, company, or institution and any person or persons connected therewith from liability imposed by law in furnishing such information.         </div> </div>		
Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to (Notary Public)	County of residence	Date commission expires